

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF STEWART MILLS

ADDRESS (number and street)

PO BOX 1039

Check if different  
than previously  
reported. (ACC)

BRAINERD

MN

56401

2. FEC IDENTIFICATION NUMBER ▼

C

C00588871

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MN

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DIANE JOHNSON

Signature of Treasurer

DIANE JOHNSON

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 162

Write or Type Committee Name

**FRIENDS OF STEWART MILLS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	293738.45	767212.16
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	293238.45	766462.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	822303.30	1063457.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	262.38	262.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	822040.92	1063195.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	203266.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	500000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 162

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF STEWART MILLS**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2016

To:

M M	/	D D	/	Y Y Y Y
06		30		2016

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

152755.00

425234.44

**(ii) Unitemized.....**

65785.11

192374.37

**(iii) TOTAL of contributions from individuals ▶**

218540.11

617608.81

**(b) Political Party Committees.....**

5000.00

5000.00

**(c) Other Political Committees (such as PACs).....**

56000.00

106000.00

**(d) The Candidate.....**

14198.34

38603.35

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

293738.45

767212.16

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

500000.00

500000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

500000.00

500000.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

262.38

262.38

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

794000.83

1267474.54

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 162

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	822303.30	1063457.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	750.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	822803.30	1064207.65

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	232069.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	794000.83
25. SUBTOTAL (add Line 23 and Line 24).....	1026070.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	822803.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	203266.89

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MRS. KARI J. ABBOTT

A.

Mailing Address 11717 422ND STREET

City

TAMARACK

State

MN

Zip Code

55787-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED PACKAGING, INC

Occupation

CUSTOMER SERVICE MNGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

Transaction ID : SA11AI.10623

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MRS. KARI J. ABBOTT

B.

Mailing Address 11717 422ND STREET

City

TAMARACK

State

MN

Zip Code

55787-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED PACKAGING, INC

Occupation

CUSTOMER SERVICE MNGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Transaction ID : SA11AI.13250

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MRS. KARI J. ABBOTT

C.

Mailing Address 11717 422ND STREET

City

TAMARACK

State

MN

Zip Code

55787-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED PACKAGING, INC

Occupation

CUSTOMER SERVICE MNGR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : SA11AI.10471

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

165.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**GARY AHO**

Mailing Address 3378 VERMILION TRAIL

City

MAKINEN

State

MN

Zip Code

55763-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED TACONITEOccupation  
MINING

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.13179

Amount of Each Receipt this Period

100.00

☐ Memo Item

A.

Full Name (Last, First, Middle Initial)

**MR. DEAN M AKINS**

Mailing Address PO BOX 390195

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER PROPERTIES LLCOccupation  
PROPERTY MANAGEMENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

Transaction ID : SA11AI.11114

Amount of Each Receipt this Period

200.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

**PATRICK D. ALEXANDER**

Mailing Address 16540 GRAYS BAY BOULEVARD

City

WAYZATA

State

MN

Zip Code

55391-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDSPRINGOccupation  
CEO/CHARIMAN OF BD

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.11806

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

ALAN AMATUZIO

Mailing Address 84 HOWARD GNESEN RD

City

DULUTH

State

MN

Zip Code

55811-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMSOIL INC

Occupation

MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.10951

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CLIFFORD ANDERSON

Mailing Address 5300 KELSEY TERRACE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12680

Amount of Each Receipt this Period

2200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ELSIEMAE ANDERSON

Mailing Address 11959 NORTHGATE LANE

City

CROSSLAKE

State

MN

Zip Code

56442-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12645

Amount of Each Receipt this Period

110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2810.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

GEORGE E. ANDERSON

A.

Mailing Address 11412 MISSISSIPPI DRIVE NORTH

City

CHAMPLIN

State

MN

Zip Code

55316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROWN IRON WORKS CO.

Occupation

VP ENGINEERING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12786

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LOUISE ANDERSON

B.

Mailing Address 1102 COMO AVENUE

City

DULUTH

State

MN

Zip Code

55811-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11307

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LOUISE ANDERSON

C.

Mailing Address 1102 COMO AVENUE

City

DULUTH

State

MN

Zip Code

55811-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.13184

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1125.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

PAUL C ANDERSON

Mailing Address 3216 HUMBOLDT AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55408-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.11410

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROBERT ANDERSON

Mailing Address 15825 QUALITY TRAIL N

City

SCANDIA

State

MN

Zip Code

55073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11302

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SCOTT ANDERSON

Mailing Address 40083 NORTH 110TH PLACE

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FABYANSKE LAW FIRM

Occupation

ATTORNEY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12533

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MR. BRADLEY ARNOLD**

Mailing Address 6534 50TH AVENUE

City

BRAINERD

State

MN

Zip Code

56401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

212.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

Transaction ID : SA11AI.11935

Amount of Each Receipt this Period

212.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MS. SUSAN ATWOOD**

Mailing Address 121 N TRINE ST

City

CANAL WINCHESTER

State

OH

Zip Code

43110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.10776

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. WILLIAM BAME**

Mailing Address 4613 LAKESIDE LANE

City

MOUND

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARROWTECH MARKETING

Occupation

SALES

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		11		2016

Transaction ID : SA11AI.11989

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3162.20

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MR. WILLIAM BAME**

Mailing Address 4613 LAKESIDE LANE

City

MOUND

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARROWTECH MARKETINGOccupation  
SALES

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11Al.11345

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**BARBARA R. BANKE**

Mailing Address 1045 ALEXANDER MOUNTAIN ROAD

City

GEYSERVILLE

State

CA

Zip Code

95441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11Al.12791

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**WALTER BARRY JR.**

Mailing Address 2960 GALE RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11Al.12604

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

CARLA J. BAYERL

Mailing Address 17 MAGNOLIA DRIVE

City

DULUTH

State

MN

Zip Code

55810-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.12031

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

YVONNE R BEEBE

Mailing Address 24486 COUNTY ROAD 4

City

NISSWA

State

MN

Zip Code

56468-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.11635

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

YVONNE R BEEBE

Mailing Address 24486 COUNTY ROAD 4

City

NISSWA

State

MN

Zip Code

56468-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12915

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

GREG BENEDICT

A.

Mailing Address 3040 GRAND BAY BLVD UNIT 246

City

LONGBOAT KEY

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROSEN'S DIVERSIFIED

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11Al.12857

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. STEPHEN BENNETT

B.

Mailing Address 90 CLAY CLIFFE DRIVE

City

TONKA BAY

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VILLAGE AUTOMOTIVE GROUP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Transaction ID : SA11Al.11787

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. DONALD BENSON

C.

Mailing Address 603 LAKE STREET UNIT 206

City

EXCELSIOR

State

MN

Zip Code

55331-1993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRP HOLDINGS

Occupation

BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11Al.10642

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

BARRY BERGQUIST

A.

Mailing Address 318 AVENUE D

City

CLOQUET

State

MN

Zip Code

55720-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BURGQUIST IMPORTS

Occupation

BUSINESSMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11231

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARK BERNICK

B.

Mailing Address 40552 COUNTY ROAD 1

City

RICE

State

MN

Zip Code

56367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12692

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PAMELA BERNICK

C.

Mailing Address 515 5TH AVENUE N

City

SAINT CLOUD

State

MN

Zip Code

56303-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2016

Transaction ID : SA11AI.11740

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

620.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

PAMELA BERNICK

A.

Mailing Address 515 5TH AVENUE N

City

SAINT CLOUD

State

MN

Zip Code

56303-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12691

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EXCESS TO BE REATTRIBUTED

Full Name (Last, First, Middle Initial)

LESLIE BERNICK NETTER

B.

Mailing Address 40091 COUNTY ROAD 1

City

RICE

State

MN

Zip Code

56367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERNICK'S

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12780

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CAROL BIONDI

C.

Mailing Address 11099 SLADE ROAD

City

ORR

State

MN

Zip Code

55771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10667

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

JAMES BISSONETT

A.

Mailing Address 9263 N 117TH STREET

City

SCOTTSDALE

State

AZ

Zip Code

85259-6359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2016

Transaction ID : SA11AI.12030

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. BARTON BONN

B.

Mailing Address 1403 FARNAM ST  
STE 306

City

OMAHA

State

NE

Zip Code

68102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11277

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FREDERICK BOOS

C.

Mailing Address 470 WAYCLIFFE DR N

City

WAYZATA

State

MN

Zip Code

55391-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10670

Amount of Each Receipt this Period

240.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

1240.00

TOTAL This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MS. BRENDA BRAY</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 7536 LONE OAK ROAD			<b>Transaction ID : SA11AI.11568</b>	
City BRAINERD	State MN	Zip Code 56401-5186	Amount of Each Receipt this Period 212.20	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer HYTEC CONSTRUCTION		Occupation GENERAL CONSTRUCTION		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 212.20		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MS. BRENDA BRAY</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address 7536 LONE OAK ROAD			<b>Transaction ID : SA11AI.11686</b>	
City BRAINERD	State MN	Zip Code 56401-5186	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer HYTEC CONSTRUCTION		Occupation GENERAL CONSTRUCTION		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 312.20		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MS. JANICE BRETH</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2016	
Mailing Address 209 N BIRCH STREET			<b>Transaction ID : SA11AI.12713</b>	
City ROYALTON	State MN	Zip Code 56373-9103	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			412.20	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MS. AUDREY M BRINKMAN

Mailing Address 219 SNETTING DRIVE EAST

City

THIEF RIVER FALLS

State

MN

Zip Code

56701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.12714

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MS. AUDREY M BRINKMAN

Mailing Address 219 SNETTING DRIVE EAST

City

THIEF RIVER FALLS

State

MN

Zip Code

56701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11078

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MRS. MARGARET BROWN

Mailing Address P.O. BOX 483

City

HACKENSACK

State

MN

Zip Code

56452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11AI.11533

Amount of Each Receipt this Period

110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

210.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MRS. MARGARET BROWN

Mailing Address P.O. BOX 483

City

HACKENSACK

State

MN

Zip Code

56452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.11043

Amount of Each Receipt this Period

103.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JOHN BRUELLMAN

Mailing Address 824 BEACH ROAD

City

WACONIA

State

MN

Zip Code

55387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11306

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. JOHN R BURGESSON

Mailing Address 4345 157TH AVENUE NW

City

ANDOVER

State

MN

Zip Code

55304-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

W.R.C. INC.

Occupation

VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

Transaction ID : SA11AI.11175

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1603.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MR. JOHN R BURGESSON**

Mailing Address 4345 157TH AVENUE NW

City

ANDOVER

State

MN

Zip Code

55304-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

W.R.C. INC.

Occupation

VP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12601

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. GERALD G CARLING**

Mailing Address P.O. BOX 233

City

NISSWA

State

MN

Zip Code

56468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.11350

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LEANNE M CARLSON**

Mailing Address P.O. BOX 568

City

NISSWA

State

MN

Zip Code

56468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SA11AI.10302

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

575.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**PATRICIA A CARLSON****A.**

Mailing Address 1715 TRAIL DRIVE

City

DULUTH

State

MN

Zip Code

55803-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

**Transaction ID : SA11AI.10929**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ROBIN CARLSON****B.**

Mailing Address 38277 MOCCASIN DRIVE

City

CROSSLAKE

State

MN

Zip Code

56442-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : SA11AI.10763**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ROBIN CARLSON****C.**

Mailing Address 38277 MOCCASIN DRIVE

City

CROSSLAKE

State

MN

Zip Code

56442-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SA11AI.11571**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. CARL M CASALE

Mailing Address 1446 DELAWARE AVENUE

City

SAINT PAUL

State

MN

Zip Code

55118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHS, INC.

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.12156

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GEORGE CAVANAUGH

Mailing Address PO BOX 445

City

BROOMFIELD

State

CO

Zip Code

80038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MGT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12908

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DEBRA CERVENKA

Mailing Address 4200 MINNESOTA AVE

City

DULUTH

State

MN

Zip Code

55802-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.11085

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

DEBRA CERVENKA

A.

Mailing Address 4200 MINNESOTA AVE

City

DULUTH

State

MN

Zip Code

55802-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.12336

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARY ANN MARTIN CHRISTENSEN

B.

Mailing Address 23077 - 223RD AVENUE

City

SLEEPY EYE

State

MN

Zip Code

56085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTENSEN FARMS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NANCY CHRISTENSEN

C.

Mailing Address 705 SW 6TH STREET

City

LITTLE FALLS

State

MN

Zip Code

56345-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA11AI.11881

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

REGINAL CLOW

A.

Mailing Address 12521 BLUEBILL LANE

City

MERRIFIELD

State

MN

Zip Code

56465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLOW STAMPING CO.Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : SA11AI.13149

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LYLE COLLIGAN

B.

Mailing Address P.O. BOX 85

City

BAGLEY

State

MN

Zip Code

56621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.11617

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PATRICIA COMMERS

C.

Mailing Address 325 DUNES BOULEVARD

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12891

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2035.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

PETER T. COOK

Mailing Address 425 WAYCLIFFE DRIVE SOUTH

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11Al.11810

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SAMUEL COTE

Mailing Address 925 NINE MILE COVE S

City

HOPKINS

State

MN

Zip Code

55343-7781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2016

Transaction ID : SA11Al.10619

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JEFFREY COWAN

Mailing Address 10675 CAVALLO RIDGE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11Al.12325

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

A. MOLLY CRONIN

Mailing Address 31 COOPER CIRCLE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13066

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK CRONIN

Mailing Address 31 COOPER CIRCLE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INCENTIVE SERVICES INC.

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13065

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR. JON CROW

Mailing Address 601 CARLSON PARKWAY ST 800

City

MINNETONKA

State

MN

Zip Code

55303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERISTERM

Occupation

PARTNER SR. CLIENT ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : SA11AI.10581

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND P CUNNINGHAM**

Mailing Address 16890 ELM ROAD

City State Zip Code  
MAPLE GROVE MN 55311-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
05 13 2016

Transaction ID : SA11AI.12502

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)  
**MR. RAYMOND P CUNNINGHAM**

Mailing Address 16890 ELM ROAD

City State Zip Code  
MAPLE GROVE MN 55311-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 13 2016

Transaction ID : SA11AI.11577

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)  
**THOMAS DAL SIN**

Mailing Address 16033 NORTHWOOD RD NW

City State Zip Code  
PRIOR LAKE MN 55372-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBSO, INC

Occupation  
ACCOUNTING

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y  
05 10 2016

Transaction ID : SA11AI.10677

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

THOMAS DALSIN

Mailing Address 16033 NORTHWOOD RD NW

City

PRIOR LAKE

State

MN

Zip Code

55372-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EBSO, INC

Occupation

ACCOUNTING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11Al.10508

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MS. WENDY DANKEY

Mailing Address 2599 CASCO POINT RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Transaction ID : SA11Al.10339

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARTHA A. DAVENPORT

Mailing Address 4815 HONKANEN ROAD

City

MOUNTAIN IRON

State

MN

Zip Code

55768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11Al.12614

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 162  
 (check only one)  
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DAVID T DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 5916 MORRIS THOMAS ROAD		<b>Transaction ID : SA11AI.11566</b>  Amount of Each Receipt this Period _____ 50.00 <input type="checkbox"/> Memo Item
City DULUTH	State MN	
Zip Code 55810-9506		
FEC ID number of contributing federal political committee. C _____		
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>LARRY A DEBELE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 5802 DEBELE ROAD		<b>Transaction ID : SA11AI.11183</b>  Amount of Each Receipt this Period _____ 100.00 <input type="checkbox"/> Memo Item
City CROMWELL	State MN	
Zip Code 55726-8047		
FEC ID number of contributing federal political committee. C _____		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>LARRY A DEBELE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 5802 DEBELE ROAD		<b>Transaction ID : SA11AI.13107</b>  Amount of Each Receipt this Period _____ 100.00 <input type="checkbox"/> Memo Item
City CROMWELL	State MN	
Zip Code 55726-8047		
FEC ID number of contributing federal political committee. C _____		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**WILLIAM R. DIRCKS****A.**

Mailing Address 100 THIRD AVE S, 3202

City

MINNEAPOLIS

State

MN

Zip Code

55401-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BERGER TRANSFEROccupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

**Transaction ID : SA11AI.11812**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**TERRANCE R DOLAN****B.**

Mailing Address P.O. BOX 2441

110 S. 8TH STREET

City

MINNEAPOLIS

State

MN

Zip Code

55402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. BANCORPOccupation  
FINANCE/BANKING

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.13270**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LINDA DONLEY****C.**

Mailing Address 7215 TERRACEVIEW LN N

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

**Transaction ID : SA11AI.12267**

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>STAN DONNELLY</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2016	
Mailing Address 3022 NORTHVIEW ROAD		<b>Transaction ID : SA11AI.11962</b>	
City WAYZATA	State MN	Zip Code 55391-9215	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer DONNELLY CUSTOM MOLDING	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>STAN DONNELLY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2016	
Mailing Address 3022 NORTHVIEW ROAD		<b>Transaction ID : SA11AI.11753</b>	
City WAYZATA	State MN	Zip Code 55391-9215	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer DONNELLY CUSTOM MOLDING	Occupation CEO		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4700.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MARK H. DRESSEL</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2016	
Mailing Address 9512 270TH STREET EAST		<b>Transaction ID : SA11AI.10364</b>	
City MEDFORD	State MN	Zip Code 55049	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer SELF-EMPLOYED	Occupation FARMER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		4800.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MARK H. DRESSEL

Mailing Address 9512 270TH STREET EAST

City

MEDFORD

State

MN

Zip Code

55049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.12461

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

VINCENT DRIESSEN

Mailing Address 4804 GOLF TERRACE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE DRIESSEN GROUP LLC

Occupation

COMMERCIAL REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12538

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DR. JAMES ELIASSEN

Mailing Address 1205 20TH STREET S

City

VIRGINIA

State

MN

Zip Code

55792-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Transaction ID : SA11AI.10599

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

425.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**ELIZABETH J. ELORANTA****A.**

Mailing Address 6485 KOSKI RD.

City

TOWER

State

MN

Zip Code

55790-8223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SA11AI.10940**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. JOHN C ELSENPETER****B.**

Mailing Address P.O. BOX 176

City

WALKER

State

MN

Zip Code

56484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2016

**Transaction ID : SA11AI.10741**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. RICHARD EVANS****C.**

Mailing Address 8080 DAWN DRIVE

City

ROCKFORD

State

MN

Zip Code

55373-9315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HONEYWELL INTL

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

**Transaction ID : SA11AI.10627**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

580.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MARY FAYFIELD****A.**

Mailing Address PO BOX 34

City

MINNEAPOLIS

State

MN

Zip Code

55440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.13267**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. CRAIG FEIERABEND****B.**

Mailing Address 8968 SAINT MATHIAS RD

City

BRAINERD

State

MN

Zip Code

56401-4975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HYTECH CONSTRUCTION

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

455.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

**Transaction ID : SA11AI.11937**

Amount of Each Receipt this Period

455.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**KENT FELTZ****C.**

Mailing Address 7081 RIVER VISTA CT

City

BAXTER

State

MN

Zip Code

56425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

TECH. SALES

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SA11AI.11068**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1955.60

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

JUDY FIGGE

A.

Mailing Address 4432 HIGHWAY 25 SE

City

BUFFALO

State

MN

Zip Code

55313-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRAIRIE RIVER HOME CARE INC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2016

Transaction ID : SA11AI.11785

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WALTER FISCHER

B.

Mailing Address 4011 MCCULLOCH STR.

City

DULUTH

State

MN

Zip Code

55804-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11151

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TIMOTHY FLEMING

C.

Mailing Address 1842 MORGAN ROAD

City

LONG LAKE

State

MN

Zip Code

55356-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSH MCLENNAN AGENCIES

Occupation

INSURANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2016

Transaction ID : SA11AI.10369

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. KEITH A FRANKLIN

A.

Mailing Address 13429 COUNTY ROAD 7 NORTHWEST

City

CLEARWATER

State

MN

Zip Code

55320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRANKLIN OUTDOOR ADV.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12900

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LELAND FRANKMAN

B.

Mailing Address 555 OAK RIDGE PLACE APT 130

City

HOPKINS

State

MN

Zip Code

55305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. JEREMY M FRYBERGER

C.

Mailing Address 26 BRUCE STREET

City

DULUTH

State

MN

Zip Code

55803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALLETT DOCK COMPANY

Occupation

CEO CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.10297

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**PAUL GAVIC**

Mailing Address 12725 NIGHTENGALE ST NW

City

COON RAPIDS

State

MN

Zip Code

55448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GAVIC AND SONS PLUMBING

Occupation

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JOHN GIBBS**

Mailing Address 9533 VIRGINIA AVENUE S

City

BLOOMINGTON

State

MN

Zip Code

55438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMCAST

Occupation

GOVERNMENT AFFAIRS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13055

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LEE GIORGI**

Mailing Address 1922 MIDDLE LANE

City

DULUTH

State

MN

Zip Code

55811-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUKE'S HOSPITAL

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11157

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MICHAEL GORMAN

A.

Mailing Address 5100 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436-1342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPLIT ROCK PARTNERS

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA11AI.11871

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JOSEPH GREEN

B.

Mailing Address 4631 BRUCE AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

SR. VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12305

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DON GREINER

C.

Mailing Address 40878 280TH ST

City

HANCOCK

State

MN

Zip Code

56244-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER &amp; MASSAGE THERAPIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12852

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JEFFREY GREINER****A.**

Mailing Address 476 O LODGE LANE

City

GREENWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHERN PACIFIC GROUP

Occupation

PRIVATE EQUITY

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : SA11AI.12262**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**M GRESSER****B.**

Mailing Address 723 E 70TH PLACE

City

SIOUX FALLS

State

SD

Zip Code

57108-8407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : SA11AI.13047**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**KENNETH GRIFFIN****C.**

Mailing Address 131 S DEARBORN ST

City

CHICAGO

State

IL

Zip Code

60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITADEL LLC

Occupation

FOUNDER &amp; CEO

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.12600**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

4200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY E GRUBB**

Mailing Address 4901 WOODLAWN STREET

City State Zip Code  
DULUTH MN 55804-1181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11230

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FREMONT GRUSS**

Mailing Address 3360 SHAVERS LAKE ROAD

City State Zip Code  
WAYZATA MN 55391-3341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.11784

Amount of Each Receipt this Period

100.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BRADLEY GUNN**

Mailing Address 12835 54TH AVENUE N

City State Zip Code  
PLYMOUTH MN 55442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12283

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00
--------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. ROBERT HAGEMAN

Mailing Address 2019 WESTRIDGE COURT

City

BUFFALO

State

MN

Zip Code

55313-1994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J&amp;B GROUP, INC.

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11187

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MS. BECKY HALL

Mailing Address 4760 LONDON ROAD

City

DULUTH

State

MN

Zip Code

55804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DULUTHS CITY COUNCIL

Occupation

CANDIDATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : SA11AI.10542

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TERRI HANSON

Mailing Address 4942 COUNTY ROAD 73

City

LITTLEFORK

State

MN

Zip Code

56653-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10754

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1125.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

FRANK HARVEY

A.

Mailing Address 8719 WOOD CLIFF CIRCLE S

City

BLOOMINGTON

State

MN

Zip Code

55438-1520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LARKIN HOFFMAN

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2016

Transaction ID : SA11AI.12390

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. GLENN HASLERUD

B.

Mailing Address 4500 CAMBRIDGE STREET 154

City

DULUTH

State

MN

Zip Code

55804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : SA11AI.11469

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. LARRY HASSLER

C.

Mailing Address 8885 ALFA LN

City

INVER GROVE HEIGHTS

State

MN

Zip Code

55077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.10568

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

**A.** Full Name (Last, First, Middle Initial)  
**BETTY J HAYES**

Mailing Address 322 TANAGER CIRCLE

City BRAINERD State MN Zip Code 56401-5546

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.13185

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LAURA HEMLER**

Mailing Address 6941 BEACH ROAD

City EDEN PRAIRIE State WI Zip Code 55344

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13057

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ERIC HENNEN**

Mailing Address 13927 VIRGINIA AVE S

City SAVAGE State MN Zip Code 55378

FEC ID number of contributing federal political committee. **C**

Name of Employer TIGERRISK PARTNERS Occupation ANALYST

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : SA11AI.10674

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

ERIC HENNEN

Mailing Address 13927 VIRGINIA AVE S

City  
SAVAGEState  
MNZip Code  
55378FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIGERRISK PARTNERSOccupation  
ANALYST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12860

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHARLOTTE E HENNINGSGAARD

Mailing Address 1850 SE 2ND AVENUE, UNIT

City  
GRAND RAPIDSState  
MNZip Code  
55744-2570FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11996

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHARLOTTE E HENNINGSGAARD

Mailing Address 1850 SE 2ND AVENUE, UNIT

City  
GRAND RAPIDSState  
MNZip Code  
55744-2570FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA11AI.11669

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

LOUIS HILL

A.

Mailing Address 1315 RED FOX ROAD SUITE 200

City

ARDEN HILLS

State

MN

Zip Code

55112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKWOOD CAPITAL MANAGEMENT

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11Al.11325

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILLIAM HODDER

B.

Mailing Address 11 CIRCLE W

City

EDINA

State

MN

Zip Code

55436-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11Al.12084

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILLIAM HODDER

C.

Mailing Address 11 CIRCLE W

City

EDINA

State

MN

Zip Code

55436-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11Al.12084.0

Amount of Each Receipt this Period

-800.00

☒ Memo Item

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

WILLIAM HODDER

A.

Mailing Address 11 CIRCLE W

City

EDINA

State

MN

Zip Code

55436-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA11AI.12084.1

Amount of Each Receipt this Period

800.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. GERALD J HOMMES

B.

Mailing Address 6180 LANEWOOD LANE

City

PLYMOUTH

State

MN

Zip Code

55446-4543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2016

Transaction ID : SA11AI.10543

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

OLE HOVDE

C.

Mailing Address 16210 WOODLAND LANE

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.11796

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**ROBERT HOVDE**

Mailing Address 21220 WEST MOUNTAIN COVE

City

BUCKEYE

State

AZ

Zip Code

85396-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROSEN'S DIVERSIFIED, INC.

Occupation

CFO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

Transaction ID : SA11AI.11766

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. JAMES HOWARD**

Mailing Address 318 WAYCLIFFE DRIVE N

City

WAYZATA

State

MN

Zip Code

55391-1390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10705

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**CAROL HUTAR**

Mailing Address 1194 VILLA VISTA CIRCLE

City

CROMWELL

State

MN

Zip Code

55726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : SA11AI.12249

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

CAROL HUTAR

Mailing Address 1194 VILLA VISTA CIRCLE

City

CROMWELL

State

MN

Zip Code

55726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : SA11AI.11764

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LORRAINE P. JAMAR

Mailing Address 307 HIGHLAND DRIVE

City

HIBBING

State

MN

Zip Code

55746-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10877

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LORRAINE P. JAMAR

Mailing Address 307 HIGHLAND DRIVE

City

HIBBING

State

MN

Zip Code

55746-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : SA11AI.12941

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**LOUIS JAMNICK**

Mailing Address PO BOX 312

City

SOUDAN

State

MN

Zip Code

55782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.12055

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**THOMAS JASPER**

Mailing Address 2102 SUGARWOOD DRIVE

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCF BANK

Occupation

COO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12303

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. LARRY JODSAAS**

Mailing Address 34 KENWOOD PARKWAY

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11AI.11471

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1030.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JO ANN JOHNSON**

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

8100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556

Amount of Each Receipt this Period

5400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JO ANN JOHNSON**

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556.0

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)

**ARNOLD JOHNSON**

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556.1

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

ARNOLD JOHNSON

A.

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556.2

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

ARNOLD JOHNSON

B.

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556.3

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

JO ANN JOHNSON

C.

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2016

Transaction ID : SA11Al.10556.4

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JO ANN JOHNSON****A.**

Mailing Address 8610 BIRCHWOOD HILLS RD

City

LAKE SHORE

State

MN

Zip Code

56468-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

**Transaction ID : SA11Al.10556.5**

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

**MICHAEL JOHNSON****B.**

Mailing Address 747 SUNSET LANE

City

MORA

State

MN

Zip Code

55051-1858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SA11Al.11670**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ORVILLE JOHNSON****C.**

Mailing Address 1085 NENA COURT

City

STILLWATER

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11Al.12682**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

555.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MICHAEL S JONES

Mailing Address 4703 DUPONT AVENUE S

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12307

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ESTHER M KELLOGG

Mailing Address 339 MOUNT CURVE BOULEVARD

City

SAINT PAUL

State

MN

Zip Code

55105-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

Transaction ID : SA11AI.11221

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. ROBERT E KEPPEL

Mailing Address 5045 PARK TER

City

EDINA

State

MN

Zip Code

55436-1098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13083

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

STELLA KIEL

Mailing Address 395 8TH STREET NE 101

City

MILACA

State

MN

Zip Code

56353-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : SA11Al.10858

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RUSSELL KING

Mailing Address 3 RED FOREST HTS

City

SAINT PAUL

State

MN

Zip Code

55127-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING CAPITAL CORP.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11Al.11270

Amount of Each Receipt this Period

5400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RUSSELL KING

Mailing Address 3 RED FOREST HTS

City

SAINT PAUL

State

MN

Zip Code

55127-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING CAPITAL CORP.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11Al.11270.0

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

ANDREA S KING

A.

Mailing Address 3 RED FOREST HTS

City

SAINT PAUL

State

MN

Zip Code

55127-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11270.1

Amount of Each Receipt this Period

2700.00

☒ Memo Item

REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)

MR. JOHN KINKEAD

B.

Mailing Address 693 MONTCALM PLACE

City

SAINT PAUL

State

MN

Zip Code

55116-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TUTFCO

Occupation

MANUFACTURING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12990

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BARBARA G. KLETCHKA

C.

Mailing Address 1925 NOBLE DRIVE N

City

MINNEAPOLIS

State

MN

Zip Code

55422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : SA11AI.11369

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**WILLIAM KOETZLE****A.**

Mailing Address PO BOX 6046

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHEVRON

Occupation

PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

**Transaction ID : SA11AI.11275**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JAMES KOHLER****B.**

Mailing Address 3673 BIG FOX RD

City

GEM LAKE

State

MN

Zip Code

55110-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WDI COMPANY

Occupation

MANAGER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.12548**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**KEITH KOSTUCH****C.**

Mailing Address 4511 LAKEVIEW DRIVE

City

EDINA

State

MN

Zip Code

55424-1517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

**Transaction ID : SA11AI.11866**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JAY KRAUSS JR.**

Mailing Address 503 - 3RD ST N

City

SARTELL

State

MN

Zip Code

56377-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SA11Al.10477

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. PETE KRUCHTEN**

Mailing Address 1647 OAKFOREST DR

City

ROCKFORD

State

IL

Zip Code

61107-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KRUCHTEN INC

Occupation

SALES/MARKETING

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

Transaction ID : SA11Al.10688

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DOROTHY LABRASH**

Mailing Address 2590 COHANSEY STREET

City

ROSEVILLE

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11Al.12630

Amount of Each Receipt this Period

103.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1153.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

RICHARD LACHER

A.

Mailing Address 57565 COUNTY RD 29

City

NORTHOME

State

MN

Zip Code

56661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Transaction ID : SA11Al.11474

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RICHARD LACHER

B.

Mailing Address 57565 COUNTY RD 29

City

NORTHOME

State

MN

Zip Code

56661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA11Al.11869

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MRS. MARIE A LANDSBURG

C.

Mailing Address 2472 MAPLE DRIVE SW

City

NISSWA

State

MN

Zip Code

56468-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : SA11Al.10613

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MS. JENNIFER LARSON**

Mailing Address 847 TONKAWA RD

City

ORONO

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIBRANT TECHNOLOGIES

Occupation

CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : SA11AI.10625

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MARY L LEHMKUHL**

Mailing Address 311 3RD ST SE #103

City

WADENA

State

MN

Zip Code

56482-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12851

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**WILLIAM E LESAR JR.**

Mailing Address 1018 CHESTNUT STREET W

City

VIRGINIA

State

MN

Zip Code

55792-3449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.12811

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3235.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

BRUCE C LESTICO

Mailing Address 1324 ISLEVIEW ROAD

City

GRAND RAPIDS

State

MN

Zip Code

55744-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AUTOMOTIVE ELECTRIC SERVICES, INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : SA11AI.12243

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BRUCE C LESTICO

Mailing Address 1324 ISLEVIEW ROAD

City

GRAND RAPIDS

State

MN

Zip Code

55744-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AUTOMOTIVE ELECTRIC SERVICES, INC.

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA11AI.10943

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. JOHN E LINDAHL

Mailing Address 3222 ROBINSON BAY ROAD

City

DEEPHAVEN

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORWEST EQUITY PARTNERS

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11544

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**PHILIP LINDAU****A.**

Mailing Address 2825 MEDICINE RIDGE ROAD

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : SA11AI.11798**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**FRANK LINDHOLM****B.**

Mailing Address PO BOX 518

City

CROSSLAKE

State

MN

Zip Code

56442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : SA11AI.11408**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. JOHN E. LINK****C.**

Mailing Address PO BOX 33

City

MINONG

State

WI

Zip Code

54859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACK LINKS

Occupation

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

**Transaction ID : SA11AI.10547**

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

FRED K LITTLE

A.

Mailing Address 426 BROADWAY

City

CLOQUET

State

MN

Zip Code

55720-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

Transaction ID : SA11AI.11162

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FRED K LITTLE

B.

Mailing Address 426 BROADWAY

City

CLOQUET

State

MN

Zip Code

55720-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.10930

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RYAN LONG

C.

Mailing Address 16 S LEXINGTON ST

City

ARLINGTON

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA11AI.12265

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JENIFER W. LOON****A.**

Mailing Address 10131 PHAETON DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MN HOUSE OF REPRESENTATIVES

Occupation

LEGISLATOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SA11AI.11808**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. DALE K LUECK****B.**

Mailing Address 37489 - 295TH ST

City

AITKIN

State

MN

Zip Code

56431-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

**Transaction ID : SA11AI.12562**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MRS. KENNETH L. LUNDGREN****C.**

Mailing Address 35837 COUNTY ROAD 248

City

DEER RIVER

State

MN

Zip Code

56636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : SA11AI.11939**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**PATRICK LYNCH**

Mailing Address 1616 BLACKBERRY CIRCLE

City

SARTELL

State

MN

Zip Code

56377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRINITY LOGISTICS MN

Occupation

BROKER/TRADER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11005

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JOHN MACDONALD**

Mailing Address 6075 MAPLETON ROAD

City

BAXTER

State

MN

Zip Code

56425-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAC MFG INC

Occupation

MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.12712

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MS. ELIZABETH MACMILLAN**

Mailing Address 540 INDIAN MOUND 3 B

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : SA11AI.12409

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3950.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

JOSEPH P MARNELL

A.

Mailing Address 600 S 2ND STREET, APT 704

City

MINNEAPOLIS

State

MN

Zip Code

55401-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALLINA

Occupation

MEDICAL DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.10933

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DAVID MCCARTHY

B.

Mailing Address 1520 FLOAN POINT ROAD

City

EAST GULL LA

State

MN

Zip Code

56401-3071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHAEL MCFADDEN

C.

Mailing Address 25 SUNNY SIDE LANE

City

SUNFISH LAKE

State

MN

Zip Code

55118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAZARD

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13061

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 66 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

SUSAN MCKINNEY

A.

Mailing Address 1406 SLATE STREET

City

CLOQUET

State

MN

Zip Code

55720-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : SA11AI.12232

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARY MELLGREN-CROUSE

B.

Mailing Address 143 14TH AVENUE SE

City

FOREST LAKE

State

MN

Zip Code

55025-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.12334

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DOUGLAS MICKELSON

C.

Mailing Address 12640 EDINBOROUGH CIR

City

APPLE VALLEY

State

MN

Zip Code

55124-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

Transaction ID : SA11AI.10553

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>C. MINAR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2016	
Mailing Address 4660 WESTON WOODS WAY		<b>Transaction ID : SA11AI.12885</b>	
City WHITE BEAR TOWNSHIP	State MN	Zip Code 55127	Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C _____			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN R. MINER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 4912 WOODLAND AVENUE		<b>Transaction ID : SA11AI.11112</b>	
City DULUTH	State MN	Zip Code 55803	Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C _____			
Name of Employer MINERS INC.	Occupation BAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN R. MINER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2016	
Mailing Address 4912 WOODLAND AVENUE		<b>Transaction ID : SA11AI.11436</b>	
City DULUTH	State MN	Zip Code 55803	Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C _____			
Name of Employer MINERS INC.	Occupation BAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MS. LUCIYA MINER**

Mailing Address 4393 SUNSHINE LAKE ROAD

City

DULUTH

State

MN

Zip Code

55803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10719

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. RONALD MITSCH**

Mailing Address 4 CHARLEY LAKE COURT

City

NORTH OAKS

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11909

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DR. MARK A MONTE**

Mailing Address 4974 MARIBE DRIVE

City

HERMANTOWN

State

MN

Zip Code

55811-1474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUKE'S HOSPITAL

Occupation

SURGEON

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11159

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MS. LOREN A. MOREY**

Mailing Address 38503 30TH AVENUE

City

MOTLEY

State

MN

Zip Code

56466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

Transaction ID : SA11AI.10558

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DAVID E MORISETTE**

Mailing Address P.O. BOX 223

City

FORT RIPLEY

State

MN

Zip Code

56449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10757

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DAVID E MORISETTE**

Mailing Address P.O. BOX 223

City

FORT RIPLEY

State

MN

Zip Code

56449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.12806

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 70 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**VIRGINIA MORRIS****A.**

Mailing Address 303 WOODLAWN AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUBBARD RADIO

Occupation

CHAIR &amp; CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SA11AI.12528

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**WILL MOYER****B.**

Mailing Address 56827 NATURE AVENUE

City

PINE CITY

State

MN

Zip Code

55063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13194

Amount of Each Receipt this Period

54.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MARTY NANNE****C.**

Mailing Address 5300 DUNDEE ROAD

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KNW GROUP

Occupation

MANAGING PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12889

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3554.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 71 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. KENNETH NELSON

Mailing Address P.O. BOX 230

City

PERHAM

State

MN

Zip Code

56573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KLN ENTERPRISESOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

Transaction ID : SA11AI.10812

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARILYN C. NELSON

Mailing Address 301 CARLSON PARKWAY, SUITE 275

City

MINNETONKA

State

MN

Zip Code

55305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARLSON HOLDINGSOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.13187

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROGER NELSON

Mailing Address 53329 BARNES SPRING RD

City

HINCKLEY

State

MN

Zip Code

55037-7403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11300

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 72 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**RONALD NEVILLE****A.**

Mailing Address 3541 E KINGSWOOD DR

City

SPRINGFIELD

State

MO

Zip Code

65809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12556

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. ANDREW NIEMYER****B.**

Mailing Address 25 SOUTH 26TH AVENUE EAST

City

DULUTH

State

MN

Zip Code

55812-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : SA11AI.10682

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JAY NOVAK****C.**

Mailing Address 335 CALAMUS CIRCLE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13049

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 73 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

GARY L. OIE

Mailing Address 1739 ROWE PLACE

City

SAINT PAUL

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

Transaction ID : SA11Al.10266

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GARY L. OIE

Mailing Address 1739 ROWE PLACE

City

SAINT PAUL

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11Al.10882

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GARY L. OIE

Mailing Address 1739 ROWE PLACE

City

SAINT PAUL

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11Al.11969

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 74 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

GARY L. OIE

Mailing Address 1739 ROWE PLACE

City

SAINT PAUL

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SA11Al.11239

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARK OLSON

Mailing Address 10 RED FOX RD

City

NORTH OAKS

State

MN

Zip Code

55127-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

APG

Occupation

MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2016

Transaction ID : SA11Al.10455

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. DONALD G OREN

Mailing Address 3105 SANDY HOOK DRIVE

City

ROSEVILLE

State

MN

Zip Code

55113-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DART TRANSIT COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11Al.12787

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 75 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. DONALD G OREN

A.

Mailing Address 3105 SANDY HOOK DRIVE

City

ROSEVILLE

State

MN

Zip Code

55113-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DART TRANSIT COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.12787.0

Amount of Each Receipt this Period

-850.00

☒ Memo Item

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MR. DONALD G OREN

B.

Mailing Address 3105 SANDY HOOK DRIVE

City

ROSEVILLE

State

MN

Zip Code

55113-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DART TRANSIT COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.12787.1

Amount of Each Receipt this Period

850.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. GREGORY PAGE

C.

Mailing Address 512 HARRINGTON RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARGILL

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

Transaction ID : SA11Al.10323

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DARREL PALMER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 22752 SERENITY AVE		<b>Transaction ID : SA11AI.10786</b>	
City NISSWA	State MN	Zip Code 56468-7518	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ENERGY MANAGEMENT RESOURCES	Occupation OWNER		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JERRY PAPENFUSS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2016	
Mailing Address 1646 4TH STREET		<b>Transaction ID : SA11AI.12765</b>	
City WINONA	State MN	Zip Code 55987	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer KAGE MC	Occupation EXECUTIVE		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MARK R. PARENTEAU</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2016	
Mailing Address 9408 PARENTEAU DRIVE		<b>Transaction ID : SA11AI.10312</b>	
City ZIM	State MN	Zip Code 55738	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PREMIUM PLANT SERVICES, INC.	Occupation CEO		<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 77 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MS. DENISE PARK

A.

Mailing Address 4060 BARROWS POINT RD

City

NISSWA

State

MN

Zip Code

56468-2372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2016

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

IRENE M PARKER

B.

Mailing Address 510 2ND STREET NORTHWEST  
APARTMENT 105

City

BIG FALLS

State

MN

Zip Code

56627-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12114

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. DANIEL R PEARSON

C.

Mailing Address 22168 TIMBERLAND COURT

City

CLEARWATER

State

MN

Zip Code

55320-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLEASURELAND RV

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA11AI.10939

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 78 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

A. LAWRENCE PEDERSON

Mailing Address PO BOX 354

City

NORTH BRANCH

State

MN

Zip Code

55056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12048

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREG PETERSON

Mailing Address 250 PERRY LANE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NUSCENT CAPITAL INC

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11304

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID PFARR

Mailing Address 42265 - 310 ST

City

LE SUEUR

State

MN

Zip Code

56058-3373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUPONT PIONEER

Occupation

AGRONOMIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.12705

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

675.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS****A.**

Full Name (Last, First, Middle Initial)

**MR. WILLIAM C RANDALL**

Mailing Address 10303 ORCHID LANE

City

PINE RIVER

State

MN

Zip Code

56474-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2016

**Transaction ID : SA11AI.10735**

Amount of Each Receipt this Period

100.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

**DARWIN REEDY**

Mailing Address 51 PENNINSULA RD

City

DELLWOOD

State

MN

Zip Code

55110-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

AUTO DEALER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

**Transaction ID : SA11AI.11279**

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

**PAUL RITTER**

Mailing Address 9671 COUNTY 52 NE

City

REMER

State

MN

Zip Code

56672-4447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.12441**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BRENT ROBBINS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 7730 ZANZIBAR LANE N		<b>Transaction ID : SA11AI.12311</b>
City MAPLE GROVE	State MN	Zip Code 55311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. WARREN W ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 1114 BEAVER CREEK PARKWAY		<b>Transaction ID : SA11AI.11184</b>
City MAPLEWOOD	State MN	Zip Code 55119-3269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. RONALD C RODRIGUEZ</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 5144 EAGLE LAKE RD		<b>Transaction ID : SA11AI.11155</b>
City DULUTH	State MN	Zip Code 55803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 81 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

THOMAS ROSEN

A.

Mailing Address PO BOX 933

City

FAIRMOUNT

State

MN

Zip Code

56031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSEN DIVERSIFIEDOccupation  
CEO

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2016

Transaction ID : SA11AI.10555

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THOMAS ROSEN

B.

Mailing Address PO BOX 933

City

FAIRMOUNT

State

MN

Zip Code

56031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSEN DIVERSIFIEDOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12547

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. JOSEPH W RUTTGER JR.

C.

Mailing Address 11441 WHITEFISH AVENUE

City

CROSSLAKE

State

MN

Zip Code

56474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2016

Transaction ID : SA11AI.11647

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 82 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

D. B SANTARSIERO

Mailing Address 11 NORTH MALLARD ROAD

City  
ST PAUL

State  
MN

Zip Code  
55127-2570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : SA11AI.12248

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MR. ISAAC M. SCHULTZ

Mailing Address 6871 APOLLO ROAD

City  
SWANVILLE

State  
MN

Zip Code  
56382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINNESOTA HOUSE OF REPRESENTATIVES

Occupation  
LEGISLATIVE ASSISTANT TO THE SPEAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.12593

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JANET SCHUTZ

Mailing Address 865 NAVAJO ROAD W

City  
MEDINA

State  
MN

Zip Code  
55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.11800

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 83 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BOULEVARD SUI

City

MINNEAPOLIS

State

MN

Zip Code

55439-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEATON BECK &amp; PETERS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : SA11Al.11845

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BOULEVARD SUI

City

MINNEAPOLIS

State

MN

Zip Code

55439-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEATON BECK &amp; PETERS

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : SA11Al.11845.0

Amount of Each Receipt this Period

-300.00

☒ Memo Item

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BOULEVARD SUI

City

MINNEAPOLIS

State

MN

Zip Code

55439-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEATON BECK &amp; PETERS

Occupation

ATTORNEY

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2016

Transaction ID : SA11Al.11845.1

Amount of Each Receipt this Period

300.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 84 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BOULEVARD SUI

City

MINNEAPOLIS

State

MN

Zip Code

55439-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEATON BECK &amp; PETERS

Occupation

ATTORNEY

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13067

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JEFF SELL

Mailing Address 7456 AHLES ROAD

City

ST. CLOUD

State

MN

Zip Code

56301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST METRO AUTO

Occupation

CAR DEALER

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11084

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CRAIG SHAVER

Mailing Address 20390 CARSON ROAD

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RBC

Occupation

BROKER

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial) <b>MAUREEN SHAVER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 20390 CARSON ROAD		Transaction ID : SA11AI.13063
City EXCELSIOR	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SHAVER PUBLIC AFFAIRS	Occupation OWNER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL SILL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 3660 NORTHOME ROAD		Transaction ID : SA11AI.12287
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>NEIL SKOGERBOE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 6620 BIRCHMONT BEACH ROAD NE		Transaction ID : SA11AI.12760
City BEMIDJI	State MN	Zip Code 56601-7601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SANFORD HEALTH	Occupation FAMILY PHYSICIAN	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 86 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

JOY SNYDER

A.

Mailing Address 8328 JOHNSON CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55437-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11AI.11590

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROBERT W SOULE

B.

Mailing Address 2136 115TH AVE

City

PRINCETON

State

MN

Zip Code

55371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRINCETON INSURANCE

Occupation

AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12930

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHARLES SPEVACEK

C.

Mailing Address 401 N 2ND STREET UNIT 216

City

MINNEAPOLIS

State

MN

Zip Code

55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEAGHER &amp; GREER PLLP

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.13053

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

435.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 87 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

DANIEL SPIEGEL

A.

Mailing Address PO BOX 398078

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11007

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WARREN STALEY

B.

Mailing Address 4517 EDINA BOULEVARD

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11031

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JOHN STATON

C.

Mailing Address PO BOX 134

City

CAMBRIDGE

State

MN

Zip Code

55008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.12321

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

FOR LINE NUMBER:  
(check only one)

NAME OF COMMITTEE (In Full)  
FRIENDS OF STEWART MILLS

 Memo Item

 Memo Item

**Memo Item**



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 89 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MR. JOHN A THELEN JR.**

Mailing Address 12848 EAGLE RIDGE DR

City

BAXTER

State

MN

Zip Code

56425-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THELEN HEATING

Occupation

ESTIMATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : SA11AI.11309

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. DAVID R THIES**

Mailing Address 7250 LEWIS RIDGE PARKWAY

City

EDINA

State

MN

Zip Code

55439-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.12958

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DALE H TIEDEMAN**

Mailing Address 7133 WOIDA ROAD

City

BAXTER

State

MN

Zip Code

56425-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA11AI.10932

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 90 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

MR. JOHN C TRAUTZ

Mailing Address 4509 EDINA BOULEVARD

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRAUTZ PROPERTIES INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SA11AI.11570

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHAEL TUOMALA

Mailing Address 3626 RIVER DRIVE

City

EVELETH

State

MN

Zip Code

55734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12945

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROBERT VANGEN

Mailing Address 15610 2ND AVE N

City

MINNEAPOLIS

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.11062

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1125.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 162

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THERESE H. VAUGHN</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address 2010 WOODHAVEN LANE			<b>Transaction ID : SA11AI.11116</b>		
City DULUTH	State MN	Zip Code 55803	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 300.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>THERESE H. VAUGHN</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address 2010 WOODHAVEN LANE			<b>Transaction ID : SA11AI.12138</b>		
City DULUTH	State MN	Zip Code 55803	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 400.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>THERESE H. VAUGHN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2016		
Mailing Address 2010 WOODHAVEN LANE			<b>Transaction ID : SA11AI.12095</b>		
City DULUTH	State MN	Zip Code 55803	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 300.00		
<b>TOTAL</b> This Period (last page this line number only).....			_____		

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 92 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**THERESE H. VAUGHN**

Mailing Address 2010 WOODHAVEN LANE

City

DULUTH

State

MN

Zip Code

55803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12951

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MICHAEL J. WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City

NORTH ST. PAUL

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

3M

Occupation

CLINICAL RESEARCH

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

Transaction ID : SA11AI.10603

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MICHAEL J. WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City

NORTH ST. PAUL

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

3M

Occupation

CLINICAL RESEARCH

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2016

Transaction ID : SA11AI.11129

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MICHAEL J. WALT**

Mailing Address 2661 ELDRIDGE AVENUE E

City

NORTH ST. PAUL

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

3M

Occupation

CLINICAL RESEARCH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA11AI.11879

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MR. JAMES WERLER**

Mailing Address 4809 PLEASANT AVENUE

City

MINNEAPOLIS

State

MN

Zip Code

55419-5440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHEMSTAR PRODUCTS CO.

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA11AI.11874

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NOAH J. WHITE**

Mailing Address 2405 E CAMPION BLVD

City

PRAIRIE DU CHIEN

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXCALIBUR LAUNDRIES

Occupation

SERVICE TECHNICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.11160

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**NOAH J. WHITE**

Mailing Address 2405 E CAMPION BLVD

City

PRAIRIE DU CHIEN

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXCALIBUR LAUNDRIES

Occupation

SERVICE TECHNICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11AI.13220

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**RICHARD WHITE**

Mailing Address 34383 SIPE ROAD

City

GRAND RAPIDS

State

MN

Zip Code

55744-4715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11AI.10548

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**RICHARD WHITE**

Mailing Address 34383 SIPE ROAD

City

GRAND RAPIDS

State

MN

Zip Code

55744-4715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11AI.12647

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 162

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**BEN WHITNEY**

Mailing Address 2767 ITASCA AVE S

City

LAKELAND

State

MN

Zip Code

55043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARGUS MANAGEMENT

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11AI.12532

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DWIGHT LEE WIERING**

Mailing Address 143 5TH AVE NE

City

MINNEAPOLIS

State

MN

Zip Code

55413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11AI.12902

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**DARREN WILLCOX**

Mailing Address 9696 MILL RIDGE LANE

City

GREAT FALLS

State

VA

Zip Code

22066-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

W STRATEGIES

Occupation

CONSULTANT/LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11AI.10560

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 96 OF 162

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF STEWART MILLS

Full Name (Last, First, Middle Initial)

CLARK J. WINSLOW

A.

Mailing Address 337 VELVEDERE AVENUE

City

BELVEDERE

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINSLOW CAPITALOccupation  
INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.11580

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JAMES WRIGHT

B.

Mailing Address 4042 HAINES ROAD APT 304

City

DULUTH

State

MN

Zip Code

55811-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : SA11AI.10883

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

152755.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 162

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**Full Name (Last, First, Middle Initial)  
**EIGHTH CONGRESSIONAL DISTRICT REPUBLICAN PARTY OF MINNESOTA**Mailing Address **302 CHESTNUT ST**  
**SUITE 404**City State Zip Code  
**VIRGINIA MN 55792**FEC ID number of contributing  
federal political committee.**C** **C00361485**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**05 02 2016**Transaction ID : **SA11B.11623**

Amount of Each Receipt this Period

**5000.00**☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**5000.00****5000.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 OF 162

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN LEGACY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016	
Mailing Address 1220 L ST., NW SUITE 100-165		<b>Transaction ID : SA11C.12330</b>	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00488304		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2016	
Mailing Address 440 FIRST STREET NW, SUITE 200		<b>Transaction ID : SA11C.10479</b>	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00010421		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DELOITTE POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016	
Mailing Address P.O. BOX 365		<b>Transaction ID : SA11C.13274</b>	
City WASHINGTON	State DC	Zip Code 20044	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00211318		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		12500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 162

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

A. Full Name (Last, First, Middle Initial)  
**EVOC REGULATORY SERVICES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1001 FANNIN ST  
SUITE 800

City State Zip Code  
HOUSTON TX 77002

FEC ID number of contributing  
federal political committee.

**C** C00513671

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 11 2016

Transaction ID : SA11C.11844

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**FIRST IN FREEDOM PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00540146

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 28 2016

Transaction ID : SA11C.13191

Amount of Each Receipt this Period

2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
**FREEDOM AND SECURITY PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00437061

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 31 2016

Transaction ID : SA11C.11427

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

8500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 162

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

FEC ID number of contributing  
federal political committee.

**C** C00420695

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : SA11C.10968

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE**

Mailing Address 1600 DUKE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing  
federal political committee.

**C** C00126763

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11C.13278

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST**

Mailing Address 1201 F ST. NW  
SUITE 200

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing  
federal political committee.

**C** C00101105

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SA11C.11448

Amount of Each Receipt this Period

280.86

☐ Memo Item

IN-KIND: CATERING SERVICES & FACILITY RENTAL

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7780.86

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 162

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

**A.**

Mailing Address 1201 F ST. NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00101105

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2016

**Transaction ID : SA11C.13276**

Amount of Each Receipt this Period

4719.14

☐ Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 320 1ST STREET SE

City State Zip Code  
WASHINGTON DC 22314

FEC ID number of contributing  
federal political committee.

**C** C00377689

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2016

**Transaction ID : SA11C.13280**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 320 1ST STREET SE

City State Zip Code  
WASHINGTON DC 22314

FEC ID number of contributing  
federal political committee.

**C** C00377689

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2016

**Transaction ID : SA11C.13281**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

14719.14

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 102 OF 162

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

 Full Name (Last, First, Middle Initial)  
**A. R.R. DONNELLEY & SONS COMPANY GOOD GOVERNMENT FUND**

Mailing Address 111 SOUTH WACKER DR.

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing federal political committee.

☒ C00033977

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

 5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	10	/	2016

Transaction ID : SA11C.11688

Amount of Each Receipt this Period

 5000.00
☐ Memo Item
 Full Name (Last, First, Middle Initial)  
**B. REPUBLICAN MAINSTREET PARTNERSHIP PAC**
Mailing Address C/O G&W 2201 WISCONSIN AVE., NW  
SUITE 320

City	State	Zip Code
WASHINGTON	DC	20007

FEC ID number of contributing federal political committee.

☒ C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

 5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11C.11751

Amount of Each Receipt this Period

 5000.00
☐ Memo Item
 Full Name (Last, First, Middle Initial)  
**C. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address P. O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee.

☒ C00451294

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11C.13189

Amount of Each Receipt this Period

 1000.00
☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

 11000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 162

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)  
**SUPPORTING UNITED STATES OF AMERICA'S NEXT LEADERS PAC (SUSAN PAC)**

Mailing Address **9425 N MERIDIAN STREET #237**

City	State	Zip Code
INDIANAPOLIS	IN	46260

FEC ID number of contributing  
federal political committee.

**C** C00564385

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**06** / **30** / **2016**

Transaction ID : **SA11C.13272**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)  
**TCF FINANCIAL CORPORATION PAC**

Mailing Address **801 MARQUETTE AVE**

City	State	Zip Code
MINNEAPOLIS	MN	55402

FEC ID number of contributing  
federal political committee.

**C** C00218263

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**06** / **17** / **2016**

Transaction ID : **SA11C.11061**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

56000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 104 OF 162

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**MR. STEWART MILLS**

Mailing Address PO BOX 1039

City

BRAINERD

State

MN

Zip Code

56401

FEC ID number of contributing  
federal political committee.**C** H4MN08083

Name of Employer

FRIENDS OF STEWART MILLS

Occupation

CANDIDATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

23331.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : SA11D.13357

Amount of Each Receipt this Period

4326.67

☐ Memo Item  
 IN-KIND: RENT

Full Name (Last, First, Middle Initial)

**MR. STEWART MILLS**

Mailing Address PO BOX 1039

City

BRAINERD

State

MN

Zip Code

56401

FEC ID number of contributing  
federal political committee.**C** H4MN08083

Name of Employer

FRIENDS OF STEWART MILLS

Occupation

CANDIDATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

527658.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11D.13358

Amount of Each Receipt this Period

4326.67

☐ Memo Item  
 IN-KIND: RENT

Full Name (Last, First, Middle Initial)

**MR. STEWART MILLS**

Mailing Address PO BOX 1039

City

BRAINERD

State

MN

Zip Code

56401

FEC ID number of contributing  
federal political committee.**C** H4MN08083

Name of Employer

FRIENDS OF STEWART MILLS

Occupation

CANDIDATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

531578.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11D.13355

Amount of Each Receipt this Period

3920.00

☐ Memo Item  
 IN-KIND: ONLINE ADVERTISING

SUBTOTAL of Receipts This Page (optional).....

12573.34

TOTAL This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 162

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial) <b>MR. STEWART MILLS</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 30 / 2016</b>
Mailing Address <b>PO BOX 1039</b>		<b>Transaction ID : SA11D.13356</b>
City <b>BRAINERD</b>	State <b>MN</b>	
Zip Code <b>56401</b>		Amount of Each Receipt this Period <b>1625.00</b>
FEC ID number of contributing federal political committee. <b>C H4MN08083</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>FRIENDS OF STEWART MILLS</b>	Occupation <b>CANDIDATE</b>	<b>IN-KIND: VIDEO PRODUCTION SERVICES</b>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>533203.35</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14198.34</b>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 OF 162

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. STEWART MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2016	
Mailing Address PO BOX 1039		<b>Transaction ID : SA13A.10252</b>	
City BRAINERD	State MN	Zip Code 56401	Amount of Each Receipt this Period 250000.00
FEC ID number of contributing federal political committee. C H4MN08083		<input type="checkbox"/> Memo Item PRIMARY 2016 LOAN	
Name of Employer FRIENDS OF STEWART MILLS	Occupation CANDIDATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 273331.68		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. STEWART MILLS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address PO BOX 1039		<b>Transaction ID : SA13A.10253</b>	
City BRAINERD	State MN	Zip Code 56401	Amount of Each Receipt this Period 250000.00
FEC ID number of contributing federal political committee. C H4MN08083		<input type="checkbox"/> Memo Item PRIMARY 2016 LOAN	
Name of Employer FRIENDS OF STEWART MILLS	Occupation CANDIDATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 523331.68		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		<input type="checkbox"/> Memo Item	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		500000.00	
<b>TOTAL</b> This Period (last page this line number only).....		500000.00	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 OF 162

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF STEWART MILLS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ORGANIC PAYROLL</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		09		2016
M M	/	D D	/	Y Y Y Y									
05		09		2016									
Mailing Address 2501 PARMENTER STREET SUITE 100B		<b>Transaction ID : SA14.13353</b>											
City MIDDLETON	State WI	Zip Code 53562	Amount of Each Receipt this Period <table border="1"> <tr> <td>262.38</td> </tr> </table>	262.38									
262.38													
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>262.38</td> </tr> </table>		262.38									
262.38													
Name of Employer	Occupation	<input type="checkbox"/> Memo Item VENDOR REFUND											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>262.38</td> </tr> </table>			262.38									
262.38													
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
City	State	Zip Code	<input type="checkbox"/> Memo Item										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation	<input type="checkbox"/> Memo Item											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
City	State	Zip Code	<input type="checkbox"/> Memo Item										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>											
Name of Employer	Occupation	<input type="checkbox"/> Memo Item											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>262.38</td> </tr> </table>		262.38									
262.38													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>262.38</td> </tr> </table>		262.38									
262.38													

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ARENA COMMUNICATIONS**

Mailing Address 1780 SEQUOIA VISTA CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

City	State	Zip Code
SALT LAKE CITY	UT	84104

Amount of Each Disbursement this Period

1145.00
---------

Purpose of Disbursement  
PRINTING & DESIGN SERVICESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10081

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. ARENA ONLINE**

Mailing Address 1780 WEST SEQUOIA VISTA CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

City	State	Zip Code
SALT LAKE CITY	UT	84104

Amount of Each Disbursement this Period

1125.00
---------

Purpose of Disbursement  
EMAIL MARKETINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.10083

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. ASPECT CONSULTING, LLC**Mailing Address 8401 EXCELSIOR DRIVE  
SUITE 103

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
MADISON	WI	53717

Amount of Each Disbursement this Period

492.00
--------

Purpose of Disbursement  
BATCHING & CAGING SERVICESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10084

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2762.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ASPECT CONSULTING, LLC**Mailing Address 8401 EXCELSIOR DRIVE  
SUITE 103

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
BATCHING & CAGING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

106.50
--------

☐ Memo Item

Transaction ID : SB17.10085

**B. ASPECT CONSULTING, LLC**Mailing Address 8401 EXCELSIOR DRIVE  
SUITE 103

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
BATCHING & CAGING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

289.50
--------

☐ Memo Item

Transaction ID : SB17.10086

**C. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

1099.66
---------

☐ Memo Item

Transaction ID : SB17.10066

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1495.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

1099.67
---------

☐ Memo Item

Transaction ID : SB17.10067

**B. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

1099.66
---------

☐ Memo Item

Transaction ID : SB17.10068

**C. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

1099.67
---------

☐ Memo Item

Transaction ID : SB17.10069

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3299.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

1099.66
---------

☐ Memo Item

Transaction ID : SB17.10070

**B. ALEXANDRA BOETTCHER**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

1099.67
---------

☐ Memo Item

Transaction ID : SB17.10071

**C. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

519.34
--------

☐ Memo Item

Transaction ID : SB17.10073

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2718.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

80.50
-------

☐ Memo Item

Transaction ID : SB17.10074

**B. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

189.45
--------

☐ Memo Item

Transaction ID : SB17.10075

**C. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

115.85
--------

☐ Memo Item

Transaction ID : SB17.10076

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

385.80



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

74.03
-------

☐ Memo Item

Transaction ID : SB17.10236

**B. DECC PARKING**

Mailing Address 350 HARBOR DRIVE

City DULUTH State MN Zip Code 55802

Purpose of Disbursement  
BOETTCHER REIMBURSEMENT: PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

14.00
-------

☒ Memo Item

Transaction ID : SB17.10236.0

**C. DECC PARKING**

Mailing Address 350 HARBOR DRIVE

City DULUTH State MN Zip Code 55802

Purpose of Disbursement  
BOETTCHER REIMBURSEMENT: PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

10.00
-------

☒ Memo Item

Transaction ID : SB17.10236.1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

74.03
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. DULUTH ENTERTAINMENT CONVENTION CENTER**

Mailing Address 350 HARBOR DRIVE

City	State	Zip Code
DULUTH	MN	55802

Purpose of Disbursement  
BOETTCHER REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

22.00
-------

☒ Memo Item

Transaction ID : SB17.10236.2

**B. OFFICE MAX**

Mailing Address 7626 CLEARWATER ROAD

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
BOETTCHER REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

28.03
-------

☒ Memo Item

Transaction ID : SB17.10236.3

**C. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

175.04
--------

☐ Memo Item

Transaction ID : SB17.10077

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

175.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ALI BOETTCHER**Mailing Address 13281 BERRYWOOD DRIVE  
APT 202

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2016

Amount of Each Disbursement this Period

25.58
-------

☐ Memo Item

Transaction ID : SB17.10244

**B. OFFICE MAX**

Mailing Address 7626 CLEARWATER ROAD

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
BOETTCHER REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2016

Amount of Each Disbursement this Period

25.58
-------

☒ Memo Item

Transaction ID : SB17.10244.0

**C. BURCHFIELD ENTERPRISES**Mailing Address 633 WEST WILSON STREET  
#419

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DATA CONSULTING

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.10087

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3025.58
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. BURCHFIELD ENTERPRISES**Mailing Address 633 WEST WILSON STREET  
#419

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DATA CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.10088

**B. BURCHFIELD ENTERPRISES**Mailing Address 633 WEST WILSON STREET  
#419

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DATA CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.10089

**C. BURCHFIELD ENTERPRISES**Mailing Address 633 WEST WILSON STREET  
#419

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DATA CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Transaction ID : SB17.10090

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9000.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. COMPETITIVE EDGE**

Mailing Address 3500 109TH STREET

City	State	Zip Code
DES MOINES	IA	50322

Purpose of Disbursement  
COLLATERAL: T-SHIRTS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

720.60
--------

☐ Memo Item

Transaction ID : SB17.10097

**B. DULUTH ENTERTAINMENT**

Mailing Address 358 HARBOR DRIVE

City	State	Zip Code
DULUTH	MN	55802

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

1846.25
---------

☐ Memo Item

Transaction ID : SB17.10099

**C. JOHN ELORANTA**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

1233.94
---------

☐ Memo Item

Transaction ID : SB17.10110

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3800.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. JOHN ELORANTA**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

1233.94
---------

☐ Memo Item

Transaction ID : SB17.10111

**B. JOHN ELORANTA**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

1233.94
---------

☐ Memo Item

Transaction ID : SB17.10112

**C. JOHN ELORANTA**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

1233.93
---------

☐ Memo Item

Transaction ID : SB17.10113

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3701.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. JOHN ELORANTA**

Mailing Address PO BOX 1039

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

1233.94
---------

Purpose of Disbursement  
PAYROLLCategory/  
Type☐ Memo Item

Transaction ID : SB17.10114

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. JOHN ELORANTA**

Mailing Address PO BOX 1039

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

1233.94
---------

Purpose of Disbursement  
PAYROLLCategory/  
Type☐ Memo Item

Transaction ID : SB17.10115

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT, LLC**Mailing Address 7300 HUDSON BLVD.  
SUITE 270

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

City	State	Zip Code
SAINT PAUL	MN	55128

Amount of Each Disbursement this Period

8084.80
---------

Purpose of Disbursement  
TELEMARKETING: FUNDRAISINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.10102

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10552.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. FLS CONNECT, LLC**Mailing Address 7300 HUDSON BLVD.  
SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING: FUNDRAISING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

5429.00
---------

☐ Memo Item

Transaction ID : SB17.10103

**B. FP1 STRATEGIES LLC**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

531.94
--------

☐ Memo Item

Transaction ID : SB17.10106

**C. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS COURT

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement  
CHECK PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

77.61
-------

☐ Memo Item

Transaction ID : SB17.10108

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6038.55



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS COURT

City	State	Zip Code
BROOKFIELD	WI	53005

Purpose of Disbursement  
CHECK PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2016

Amount of Each Disbursement this Period

97.11
-------

☐ Memo Item

Transaction ID : SB17.10109

**B. MICHAEL LUKACH**Mailing Address 7271 CLEARWATER RD N  
#308

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 25 / 2016

Amount of Each Disbursement this Period

2154.37
---------

☐ Memo Item

Transaction ID : SB17.10118

**C. MICHAEL LUKACH**Mailing Address 7271 CLEARWATER RD N  
#308

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2016

Amount of Each Disbursement this Period

2614.35
---------

☐ Memo Item

Transaction ID : SB17.10119

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4865.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. MICHAEL LUKACH**Mailing Address 7271 CLEARWATER RD N  
#308

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

2614.33
---------

☐ Memo Item

Transaction ID : SB17.10120

**B. MICHAEL LUKACH**Mailing Address 7271 CLEARWATER RD N  
#308

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

441.18
--------

☐ Memo Item

Transaction ID : SB17.10121

**C. MICHAEL LUKACH**Mailing Address 7271 CLEARWATER RD N  
#308

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

418.78
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☐ Memo Item

Transaction ID : SB17.10247

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3474.29
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. U-HAUL**

Mailing Address 808 E WASHINGTON BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

City	State	Zip Code
FORT WAYNE	IN	46803

Amount of Each Disbursement this Period

323.14
--------

Purpose of Disbursement  
LUKACH REIMBURSEMENT: TRAVEL : TRUCK RENTALCategory/  
Type☒ Memo Item

Transaction ID : SB17.10247.0

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. MR. STEWART MILLS**

Mailing Address PO BOX 1039

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

4326.67
---------

Purpose of Disbursement  
IN-KIND: RENTCategory/  
Type☐ Memo Item

Transaction ID : SB17.13349

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 08

Full Name (Last, First, Middle Initial)

**C. MR. STEWART MILLS**

Mailing Address PO BOX 1039

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

4326.67
---------

Purpose of Disbursement  
IN-KIND: RENTCategory/  
Type☐ Memo Item

Transaction ID : SB17.13350

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: MN

District: 08

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8653.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. MR. STEWART MILLS**

Mailing Address PO BOX 1039

City <b>BRAINERD</b>	State <b>MN</b>	Zip Code <b>56401</b>
-------------------------	--------------------	--------------------------

Purpose of Disbursement  
IN-KIND: ONLINE ADVERTISING

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MN District: 08

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

3920.00
---------

☐ Memo Item

Transaction ID : SB17.13347

**B. MR. STEWART MILLS**

Mailing Address PO BOX 1039

City <b>BRAINERD</b>	State <b>MN</b>	Zip Code <b>56401</b>
-------------------------	--------------------	--------------------------

Purpose of Disbursement  
IN-KIND: VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MN District: 08

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

1625.00
---------

☐ Memo Item

Transaction ID : SB17.13348

**C. MINNEAPOLIS CLUB**

Mailing Address 729 2ND AVENUE S.

City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55402</b>
----------------------------	--------------------	--------------------------

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 22 / 2016

Amount of Each Disbursement this Period

1350.09
---------

☐ Memo Item

Transaction ID : SB17.10123

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6895.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. MINNESOTA SECRETARY OF STATE**Mailing Address 180 STATE OFFICE BUILDING  
100 DR. REV. MARTIN LUTHER KING JR

City SAINT PAUL State MN Zip Code 55155

Purpose of Disbursement  
FILING FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

300.00
--------

☐ Memo Item

Transaction ID : SB17.10125

**B. NATIONAL FEDERATION OF INDEPENDENT BUSINESS SAVE AMERICA'S  
FREE ENTERPRISE PAC (NFIB SAFE TRUST)**Mailing Address 1201 F STREET NW  
SUITE 200

City WASHINGTON State DC Zip Code 20004-1221

Purpose of Disbursement  
IN-KIND: CATERING SERVICES & FACILITY RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

Amount of Each Disbursement this Period

280.86
--------

☐ Memo Item

Transaction ID : SB17.13345

**C. OFFICE MAX**

Mailing Address 7626 CLEARWATER ROAD

City BAXTER State MN Zip Code 56425

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

70.60
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☐ Memo Item

Transaction ID : SB17.10126

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

651.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. OFFICE MAX**

Mailing Address 7626 CLEARWATER ROAD

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

388.32
--------

☐ Memo Item

Transaction ID : SB17.10127

**B. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

3680.11
---------

☐ Memo Item

Transaction ID : SB17.10128

**C. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

45.00
-------

☐ Memo Item

Transaction ID : SB17.10129

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4113.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

1778.24
---------

☐ Memo Item

Transaction ID : SB17.10130

**B. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

45.00
-------

☐ Memo Item

Transaction ID : SB17.10131

**C. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

1671.25
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☐ Memo Item

Transaction ID : SB17.10132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3494.49
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

45.00
-------

☐ Memo Item

Transaction ID : SB17.10133

**B. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

1671.29
---------

☐ Memo Item

Transaction ID : SB17.10134

**C. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

45.00
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☐ Memo Item

Transaction ID : SB17.10135

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1761.29
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

1665.65
---------

☐ Memo Item

Transaction ID : SB17.10136

**B. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

45.00
-------

☐ Memo Item

Transaction ID : SB17.10137

**C. ORGANIC PAYROLL**Mailing Address 2501 PARMENTER STREET  
SUITE 100B

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

2035.01
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☐ Memo Item

Transaction ID : SB17.10138

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3745.66
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. PURCELL CONSULTING, LLC**

Mailing Address PO BOX 403

City	State	Zip Code
ANNANDALE	MN	55302

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

5066.64
---------

☐ Memo Item

Transaction ID : SB17.10143

**B. PURCELL CONSULTING, LLC**

Mailing Address PO BOX 403

City	State	Zip Code
ANNANDALE	MN	55302

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

5085.82
---------

☐ Memo Item

Transaction ID : SB17.10144

**C. PURCELL CONSULTING, LLC**

Mailing Address PO BOX 403

City	State	Zip Code
ANNANDALE	MN	55302

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

5258.01
---------

☐ Memo Item

Transaction ID : SB17.10145

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15410.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. PURCELL CONSULTING, LLC**

Mailing Address PO BOX 403

City	State	Zip Code
ANNANDALE	MN	55302

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

10168.73
----------

☐ Memo Item

Transaction ID : SB17.10146

**B. RED CURVE SOLUTIONS, LLC**

Mailing Address 138 CONANT STREET, 2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

3135.02
---------

☐ Memo Item

Transaction ID : SB17.10147

**C. RED CURVE SOLUTIONS, LLC**

Mailing Address 138 CONANT STREET, 2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

3100.00
---------

☐ Memo Item

Transaction ID : SB17.10148

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16403.75
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS, LLC**

Mailing Address 138 CONANT STREET, 2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 13 / 2016

Amount of Each Disbursement this Period

3100.00
---------

☐ Memo Item

Transaction ID : SB17.10149

**B. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City	State	Zip Code
DUBLIN	NH	03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

5532.25
---------

☐ Memo Item

Transaction ID : SB17.10150

**C. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City	State	Zip Code
DUBLIN	NH	03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 20 / 2016

Amount of Each Disbursement this Period

959.99
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☐ Memo Item

Transaction ID : SB17.10151

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9592.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

4415.85
---------

☐ Memo Item

Transaction ID : SB17.10152

**B. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

1263.15
---------

☐ Memo Item

Transaction ID : SB17.10153

**C. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

750.00
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☐ Memo Item

Transaction ID : SB17.10154

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6429.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

4628.80
---------

☐ Memo Item

Transaction ID : SB17.10155

**B. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

18167.81
----------

☐ Memo Item

Transaction ID : SB17.10156

**C. SCM ASSOCIATES, INC.**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

1317.12
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☐ Memo Item

Transaction ID : SB17.10157

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24113.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE  
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLACED MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

242625.00

☐ Memo Item

Transaction ID : SB17.10159

**B. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE  
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLACED MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

240630.00

☐ Memo Item

Transaction ID : SB17.10160

**C. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE  
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLACED MEDIA

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

92809.00

☐ Memo Item

Transaction ID : SB17.10161

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

576064.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

78.15
-------

☐ Memo Item

Transaction ID : SB17.10162

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

199.49
--------

☐ Memo Item

Transaction ID : SB17.10163

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

85.94
-------

☐ Memo Item

Transaction ID : SB17.10164

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

363.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

7.51
------

☐ Memo Item

Transaction ID : SB17.10165

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

13.39
-------

☐ Memo Item

Transaction ID : SB17.10166

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2016

Amount of Each Disbursement this Period

9.22
------

☐ Memo Item

Transaction ID : SB17.10167

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

2.06
------

☐ Memo Item

Transaction ID : SB17.10168

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

2.78
------

☐ Memo Item

Transaction ID : SB17.10169

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

20.68
-------

☐ Memo Item

Transaction ID : SB17.10170

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

44.64
-------

☐ Memo Item

Transaction ID : SB17.10171

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

2.65
------

☐ Memo Item

Transaction ID : SB17.10172

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

18.30
-------

☐ Memo Item

Transaction ID : SB17.10173

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65.59
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

26.08
-------

☐ Memo Item

Transaction ID : SB17.10174

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

90.26
-------

☐ Memo Item

Transaction ID : SB17.10175

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

86.94
-------

☐ Memo Item

Transaction ID : SB17.10176

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

203.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

42.37
-------

☐ Memo Item

Transaction ID : SB17.10177

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

14.44
-------

☐ Memo Item

Transaction ID : SB17.10178

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

13.13
-------

☐ Memo Item

Transaction ID : SB17.10179

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

1.62
------

☐ Memo Item

Transaction ID : SB17.10180

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

4.95
------

☐ Memo Item

Transaction ID : SB17.10181

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

30.92
-------

☐ Memo Item

Transaction ID : SB17.10182

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

37.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

1.75
------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10183

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

19.04
-------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10184

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

5.26
------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10185

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26.05



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

8.15
------

☐ Memo Item

Transaction ID : SB17.10186

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

18.00
-------

☐ Memo Item

Transaction ID : SB17.10187

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

31.79
-------

☐ Memo Item

Transaction ID : SB17.10188

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

57.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

3.20
------

☐ Memo Item

Transaction ID : SB17.10189

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

3.20
------

☐ Memo Item

Transaction ID : SB17.10190

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

45.16
-------

☐ Memo Item

Transaction ID : SB17.10191

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

51.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

72.49
-------

☐ Memo Item

Transaction ID : SB17.10192

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

1.03
------

☐ Memo Item

Transaction ID : SB17.10193

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

4.23
------

☐ Memo Item

Transaction ID : SB17.10194

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

77.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

Amount of Each Disbursement this Period

14.80
-------

☐ Memo Item

Transaction ID : SB17.10195

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

3.20
------

☐ Memo Item

Transaction ID : SB17.10196

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

33.10
-------

☐ Memo Item

Transaction ID : SB17.10197

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

51.10
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

18.59
-------

☐ Memo Item

Transaction ID : SB17.10198

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

3.28
------

☐ Memo Item

Transaction ID : SB17.10199

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

11.62
-------

☐ Memo Item

Transaction ID : SB17.10200

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

33.49
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

14.80
-------

☐ Memo Item

Transaction ID : SB17.10201

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

31.05
-------

☐ Memo Item

Transaction ID : SB17.10202

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

3.50
------

☐ Memo Item

Transaction ID : SB17.10203

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

49.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

100.54
--------

☐ Memo Item

Transaction ID : SB17.10204

**B. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

1.03
------

☐ Memo Item

Transaction ID : SB17.10205

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

264.39
--------

☐ Memo Item

Transaction ID : SB17.10206

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

365.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

178.38
--------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10207

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

140.40
--------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10208

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

35.78
-------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type☐ Memo Item

Transaction ID : SB17.10209

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

178.38



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. CHARLES SZOLD**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

2184.99
---------

☐ Memo Item

Transaction ID : SB17.10091

**B. CHARLES SZOLD**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

2185.00
---------

☐ Memo Item

Transaction ID : SB17.10092

**C. CHARLES SZOLD**

Mailing Address PO BOX 1039

City	State	Zip Code
BRAINERD	MN	56401

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

2184.99
---------

☐ Memo Item

Transaction ID : SB17.10093

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6554.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. CHARLIE SZOLD**

Mailing Address 7271 CLEARWATER ROAD, APT 308

City	State	Zip Code
BAXTER	MN	56425

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2016

Amount of Each Disbursement this Period

285.00
--------

☐ Memo Item

Transaction ID : SB17.10246

**B. THE CHAMPION GROUP LLC**Mailing Address 701 E. WASHINGTON AVENUE  
SUITE 201

City	State	Zip Code
MADISON	WI	53701

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2016

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Transaction ID : SB17.10212

**C. THE CHAMPION GROUP LLC**Mailing Address 701 E. WASHINGTON AVENUE  
SUITE 201

City	State	Zip Code
MADISON	WI	53701

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2016

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Transaction ID : SB17.10213

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10285.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. THE TARRANCE GROUP**Mailing Address 201 NORTH UNION STREET  
SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

3687.88
---------

☐ Memo Item

Transaction ID : SB17.10218

**B. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

1153.10
---------

☐ Memo Item

Transaction ID : SB17.10219

**C. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

5757.90
---------

☐ Memo Item

Transaction ID : SB17.10220

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10598.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10224

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

392.00
--------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10225

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

235.00
--------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10226

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

852.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

235.00
--------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10227

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

6.45
------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10228

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 422 LAUREL ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
BRAINERD	MN	56401

Amount of Each Disbursement this Period

3.77
------

Purpose of Disbursement  
POSTAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.10229

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

245.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 162

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. VETERANS ON THE LAKE RESORT**

Mailing Address 161 FERNBERG RD

City	State	Zip Code
ELY	MN	55731

Purpose of Disbursement  
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 27 / 2016

Amount of Each Disbursement this Period

433.00
--------

☐ Memo Item

Transaction ID : SB17.10231

**B. VICTORY ENTERPRISES**

Mailing Address 5200 S.W. 30TH ST

City	State	Zip Code
DAVENPORT	IA	52802

Purpose of Disbursement  
COLLATERAL: CAPS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2016

Amount of Each Disbursement this Period

1304.23
---------

☐ Memo Item

Transaction ID : SB17.10233

**C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE.

City	State	Zip Code
LEXINGTON	MA	02421

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 28 / 2016

Amount of Each Disbursement this Period

88.45
-------

☐ Memo Item

Transaction ID : SB17.10235

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1825.68

821567.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 162

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF STEWART MILLS**

Full Name (Last, First, Middle Initial)

**A. MR. MARK ANDERSON**Mailing Address 8182 COUNTY ROAD 78  
401

City LAKE SHORE State MN Zip Code 56468

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2016

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Transaction ID : SB20A.10116

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00
--------

500.00
--------



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 161 OF 162

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10252

FRIENDS OF STEWART MILLS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

MR. STEWART MILLS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 1039

City

State

ZIP Code

BRAINERD

MN

56401

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
05 / 09 / 2016

Date Due

M M / D D / Y Y  
/ / /

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ NoDUE ON  
DEMAND

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 162 OF 162

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10253

FRIENDS OF STEWART MILLS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

MR. STEWART MILLS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 1039

City

State

ZIP Code

BRAINERD

MN

56401

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 11 / 2016

Date Due

M M / D D / Y Y Y Y  
DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

**TOTALS** This Period (last page in this line only)..... ►

500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.